P.O. BOX 19276

SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761 State Form LPC 62 8/81 IL532-0610 FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

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PLEASE TYPE (Form designed for use on elite (12 pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039, Expires 9-30-96 1. Generator's US EPA ID No. **UNIFORM HAZARDOUS** Information in the shaded areas is not required by Federal law, but is required by **WASTE MANIFEST** P20000 1+ 3. Generator's Name and Mailing Address Location If Different 4752 SPAUCHING A. Illinois Manifest Document Number U.S. EPA REGION I 77 W. JACKSON BLVD B. Illinois *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* 1 & Generator's 5. Transporter 1 Company Name US EPA ID Number C. Illinois Transporter's ID HERITAGE TRANSPORT IND058484 D. (317) 3816848 Transporter's Phone 7. Transporter 2 Company Name US EPA ID Number E. Illinois Transporter's ID Transporter's Phone 9. Designated Facility Name and Site Address
HERITAGE ENVIRONMENTAL SUCS,
15330 CANAL BANK RD US EPA ID Number 10. G. Illinois Facility's 101312121612101010 ILDU88249764 H. Facility's Phone LEMONT IL 60439 1630 739 1151 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) 12. Containers Total Waste No. No. Type Quantity Wt/Vol RQ WASTE SULFAMIC ACID, 8, UNZ967, PGIII (RQDOOZ) ERG#154 0.2.3 R 0 d. J. Additional Description for Materials Listed Above ws# 43471-3 K. Handling Codes for Wastes Listed Above In Item #14 1101/53×22 DE JOB 10383 20,79750 15. Special Handling Instructions and Additional Information 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, and disposal currently available to me which minimizes the present and future threat to human health and the environment; **OR**, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. Date Month Day Year Printed/Typed Name Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Month Day Year Signature WILLIAM 11177 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name Month Day Signature 19. Discrepancy Indication Space 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19. Date Printed/Typed Name Day Year 9 This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

The Illinois Uniform Manifest must be used for all shipments of special waste (hazardous and nonhazardous) stored, disposed of, treated or reclaimed in Illinois; and for all shipments originating in Illinois and destined for states that do not print and supply the form. PIMW (Potentially Infectious Medical Waste) requires a different manifest. For shipments not originating in Illinois, if the generator's state requires copies of the manifest, a photocopy of part I should be used.

INSTRUCTIONS TO GENERATORS (Please type)

- Enter generator's USEPA twelve digit identification number and the unique five digit document number assigned to this Manifest (e.g. 00001) by the generator.
- 2. Enter the total number of pages comprising this Manifest.
- 3. Enter generator's name and mailing address. If location of waste generation is different from mailing address, enter location to the right of mailing address.
- 4. Enter telephone number where an authorized agent of the generator, who has knowledge of the waste, may be reached in the event of an emergency.
- Enter the generator's Illinois EPA ten digit identification B.
- 5, 6. For the first transporter who will transport the waste, enter the
- C, D. company name, USEPA ID number, Illinois EPA four digit Special Waste Hauling (SWH) Permit number, and telephone number where an authorized agent of the transporter may be reached in the event of an emergency.
- If applicable, enter the information requested for the second
- E, F. transporter who will transport the waste.
- 9, 10. For the facility designated to receive the waste, enter company
- G, H. name, address, USEPA ID Number, Illinois EPA ten digit facility code number, and telephone number where an authorized agent of the receiving facility may be reached.
- Enter the US DOT Proper Shipping Name, Hazard Class, and ID number (NA/UN number) for each waste as identified in 49 CFR 171 through 177. For wastes not regulated as Hazardous Materials by DOT, enter a description of the waste and the generic name of the waste, plus the phrase "not hazardous by DOT".
- 12. Enter the number of containers for each waste and the appropriate abbreviations for the type of container:

CM = Metal boxes or roll offs DM = Metal drums

CW = Wooden boxes

DW = Wooden drums

CF = Fiberboard or plastic bags DF = Fiberboard or plastic drums

BA = Burlap, cloth, paper or plastic bags.

CY = Cylinders

TT = Tank trucks

DT = Dump trucks

TP = Tanks portable

TC = Tank cars

- 13. Enter the total quantity of each waste.
- Enter unit of measure from list below:

G = Gallons

P = Pounds

T = Tons

Y = Cubic Yards

L = Liters

K = Kilograms

M = Metric tons

N = Cubic meters

Enter the EPA 4 digit Hazardous Waste Number; if waste is a mixture of listed and characteristic wastes, the listed waste must be entered - other numbers should be listed in Section J. For nonhazardous special wastes, enter Class A. Enter the Illinois EPA six digit waste stream permit (authoriza-

- tion) number for the waste stream (these numbers are specific for each waste stream and companies, and are obtained from the receiving facility) (leave blank for waste going out
- J, K. If needed, enter additional description or information/ instructions for the material listed in Item 11.
- 15. If needed, indicate special transportation, treatment, storage, or disposal information, or Bill of Lading information. For international shipments generators must enter the point of departure (City and State) for shipments destined for treatment, storage, or disposal outside the jurisdiction of the United States in this space.
- 16. The generator must read, sign (by hand), and date the certification statement. If a mode other than highway is used, the word "highway" should be lined out and the appropriate mode (rail, water, or air) inserted in the space below. If another mode in addition to highway is used, enter the appropriate additional mode.

GENERATOR: RETAIN COPY 6. MAIL COPY 5 TO IEPA WITHIN 2 DAYS OF THE SHIPMENT IF WASTE IS HAZARDOUS.

INSTRUCTIONS TO TRANSPORTER: 17, 18. The person accepting the waste on behalf of the transporter must acknowledge acceptance of the waste described on the Manifest by signing and entering the date of receipt. Upon delivery of waste to facility, retain Copy 4 and leave remaining copies with the facility owner/operator.

INSTRUCTIONS TO OWNERS AND OPERATORS OF TREATMENT, STORAGE, OR DISPOSAL FACILITIES:

- The authorized representative of the designated (or alternate) facility's owner or operator must note in Item 19 any significant discrepancy (as defined in 35 III. Adm. Code 725.172) between the waste described on the Manifest and the waste actually received at the facility. Reference the discrepancy by line A, B, C, or D.
- Print or type name of the person accepting the waste on behalf of the owner or operator of the facility. That person must acknowledge acceptance of the waste by signing and entering the date of receipt.

Retain Copy 3, send Copy 1 to the generator, and send Copy 2 to Illinois EPA within 30 days of the delivery.

Public reporting burden for this collection of information is estimated to average: 37 minutes for generators, 15 minutes for transporters, and 10 minutes for treatment, storage and disposal facilities. This includes time for reviewing instructions, gathering data, and completing and reviewing the form. Send comments regarding the burden estimate, including suggestions for reducing this burden to: Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M Street SW., Washington, D.C. 20480; and the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL STATE OF ILLINOIS P.O. BOX 19276

SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

State Form LPC 62 8/81 IL532-0610

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

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	3. Generator's Name and Mailing Address O.S. EAA. REGION T		If Different 14752 52	LUZDNG		ois Manifest Docum	nent Nu	FEE PAID	
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	7. Hansportsi 2 Gompany Hame	O.	OO ET A 15 Hamb		F. ()		sporter's Phone	
	9. Designated Facility Name and Site Address	10.	US EPA ID Number	er	G. Illin	oilite's			
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	LEMENT IL GOL	39				30 739 11	51		
	11. US DOT Description (Including Proper Shipping	Name, Hazard Class,	and ID Number)	12. Contai		13. Total	14. Unit	L.	
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	15. Special Handling Instructions and Additional Info	ormation				, , , , , ,			
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	16. GENERATOR'S CERTIFICATION: I hereby dec								
	proper shipping name and are classified, packe according to applicable international and nation			per condition	ior trar	isport by nighway			
	If I am a large quantity generator, I certify that be economically practicable and that I have sel	ected the practicable	method of treatment, storage, a	and disposal o	urrently	y available to me wi	hich mi	nimizes the pres-	100
	ent and future threat to human health and the and select the best waste management method			have made a	good	faith effort to minim	ize my	Date	
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- 2. Enter the total number of pages comprising this Manifest.
- 3. Enter generator's name and mailing address. If location of waste generation is different from mailing address, enter location to the right of mailing address.
- 4. Enter telephone number where an authorized agent of the generator, who has knowledge of the waste, may be reached in the event of an emergency.
- B. Enter the generator's Illinois EPA ten digit identification
- 5, 6. For the first transporter who will transport the waste, enter the
- C, D. company name, USEPA ID number, Illinois EPA four digit Special Waste Hauling (SWH) Permit number, and telephone number where an authorized agent of the transporter may be reached in the event of an emergency.
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TT = Tank trucks

DT = Dump trucks

TP = Tanks portable

TC = Tank cars

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- Enter unit of measure from list below:

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P = Pounds

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13.

Y = Cubic Yards

L = Liters

K = Kilograms

M = Metric tons

N = Cubic meters

I. Enter the EPA 4 digit Hazardous Waste Number; if waste is a mixture of listed and characteristic wastes, the listed waste must be entered - other numbers should be listed in Section

J. For nonhazardous special wastes, enter Class A. Enter the Illinois EPA six digit waste stream permit (authoriza-

- tion) number for the waste stream (these numbers are specific for each waste stream and companies, and are obtained from the receiving facility) (leave blank for waste going out
- J.K. If needed, enter additional description or information/ instructions for the material listed in Item 11.
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INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT P.O. Box 7035

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	77 West Jackson Chicago, IL 6066 Generator's Phone 372, 226-400/	Attn: Fred Ba	rtmann	В	State Generator's 14752 Spau	lding	Ave	
5.	Generator's Phone (719) 888-7001 Transporter 1 Company Name	6. US EPA ID Number	E CHICKESIA		Harvey, II. State Transporter		26	
THE RESIDENCE	eritage Trabsport Inc	I. ND 0584 8	79/1	90	. Transporter's Pho	ne 317	7-681-684	8
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9.	Designated Facility Name and Site Address Heritagw Environmental Services,	10. US EPA ID Number		G	State Facility's ID	770	100	
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	Indianapolis, IN 46231	1. ND 6.932.	701	~	317-243-08	311		
11.	US DOT Description (Including Proper Shipping Name, Hazard	Class, and ID Number)	12. Cont	ainers	13. Total	14. Unit	I. Waste No	0.
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16.	name and are classified, packed, marked, and labeled, an	contents of this consignment of the contents o	ent are full oper conditi	y and ac	curately describe ransport by high	ed above way acco	by proper ship ording to appli	cable
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	If I am a large quantity generator, I certify that I have a pr determined to be economically practicable and that I have	selected the practicable ma	ethod of tre	atment,	storage, or dispos	sal curre	ntly available t	to me
	which minimizes the present and future threat to human heffort to minimize my waste generation and select t	he best waste managem					that I can af	
	Printed/Typed Name	Signature	2-/			1	Month Day	Mary
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Printed/Typed Name HOREN

Discrepancy Indication Space

Facility Owner or Operator, Certification of receipt of hazardous materials covered by this nanifest xcept as noted item 19. Signature

Date Day Year A 1199065

When using the uniform waste manifest for rail or water (bulk shipments) or international shipments, refer to the applicable State regulations.

INSTRUCTIONS TO GENERATORS (Please type of print clearly)



(f) Enter generator's U.S. EPA twelve digit identification number and the unique five digit document number assigned to this Manifest (e.g., 00001) by the generator.

Enter total number of pages comprising this Manifest.

Enter the generator's name and mailing address.

- Enter the generator's name and mailing address.

 Enter to person in event of an emergency.

 Enter company name and U.S. EPA I.D. number of the first transporter who will transport the waste.

 If applicable, enter company name and U.S. EPA I.D. number of the second transporter who will transport the waste. 8) more than two transporters are used, enter each additional transporters information on the Continuation Sheet (EPA Form
- Enter company hame, site address, and U.S. EPALD, number of the facility designated to receive the waste listed on this
 - (11) Enter U.S. DOT Proper Shipping Name, Hazard Class, and I.D. number (UN/NA) for each waste as identified in 49 CFR 171 through 177. Note: If additional space is needed for waste descriptions, enter in Item 28 on the Continuation Sheet (EPA Form 8700-22A):

Enter number of containers for each waste and the appropriate abbreviation from Table I (below) for the type of container.

Table I - Types of Containers

DM-Metal drums DW-Wooden drums DF-Fiberboard/plastic TP-Tanks portable

TT-Tank Trücks TC-Tank cars DT-Dump truck

CM-Metal boxes (including roll-offs) CW-Wooden boxes

CF-Fiber or plastic boxes

CY-Cylinders

BA-Bags

Enter total quantity of waste described on each line.

14) Enter appropriate abbreviation from Table II (below) for the unit of measure.

Table II - Units of Measure

P = Pounds K = Kilograms = Cubic yards N = Gubic meters

= Liters (liquids only) G = Gallons (liquids only)
T = Tons (2,000 lbs.)
M = Metric tons (1,000 kg.)

The generator must read, sign (by hand), and date the certification statement. If a mode other than highway is used, the word "highway" should be lined out and the appropriate mode (rail, water, or air) inserted in the space below.

THE FOLLOWING INFORMATION IN THE SHADED AREAS IS REQUIRED BY INDIANA STATE LAW

Enter the phone number of first transporter. Enter the phone number of second transporter.

Enter the phone number of the designated facility.

Enter the appropriate EPA waste code.

Enter the handling code which reflects the ultimate disposition of the waste at the facility.

GENERATOR IN STATE Retain Copy 8 and detach and mail Copy 2 to Indiana D.E.M.
GENERATOR OUT OF STATE: Retain Copy 8 and mail Copy 2 to the Generator State (if applicable) and mail Copy 3 to Indiana D.E.M.

INSTRUCTIONS TO TRANSPORTERS (Please type or print clearly)

17, 18). Enter name of person accepting the waste on behalf of the transporter. That person must acknowledge acceptance of the waste described on the Manifest by signing and entering the date of receipt.

TRANSPORTER(S): Retain Copy 7 (Copy 6) and leave remaining copies with FACILITY OWNER/OPERATOR.

INSTRUCTIONS TO OWNERS AND OPERATORS OF TREATMENT, STORAGE, OR DISPOSAL FACILITIES (Please type or print clearly)

(19). The authorized representative of the designated (or alternate) facility's owner or operator must note in this space any discrepancy between the waste described on the Manifest and the waste actually received at the facility.

(20). Print or type name of the person accepting the waste on behalf of the owner or operator of the facility. That person must

acknowledge acceptance of the waste described on the Manifest by signing and entering the date of receipt.

OWNER/OPERATOR IN STATE: Retain Copy 5, return Copy 4 to generator and mail Copy 1 to Indiana D.E.M.
OWNER/OPERATOR OUT OF STATE: Retain Copy 5, return Copy 4 to generator, mail Copy 1 to the TSD State
(if applicable) and mail Copy 3 to Indiana D.E.M.

Indiana generators and TSD facilities must mail the required manifest copies to the State of Indiana within five (5) working days of shipment or receipt of the waste (IC 13-7-8.5-7).

Address all manifest copies:

Indiana Department of Environmental Management Office of Solid and Hazardous Waste Management P.O. Box 7035

Indianapolis, IN 46207-7035

Manifest Tracking Phone Number: (317) 232-7959

Public reporting burden for this collection of information is estimated to average: 37 minutes for generators, 15 minutes for transporters, and 10 minutes for treatment, storage, and disposal facilities. This includes time for reviewing instructions, gathering data, and completing and reviewing the form. Send comments regarding the burden estimate, including suggestions for reducing this burden to: Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M. St., SW., Washington, D.C. 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

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) number(s): 79683 ocation(s): 48-1



HERITAGE ENVIRONMENTAL SERVICES, INC.
7901 WEST MORRIS STREET INDIANAPOLIS IN 46231
(317)243-0811 http://www.heritage-enviro.com

gnature Nam	ne (please print)	Date	
nis is to certify that the materials listed below an proper condition for transportation according to t	re properly classified, described	i, packaged, marked and labeled	and are
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ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

Date

Day Year

Month

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761 FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE 11 13 -State Form LPC 62 8/81 IL532-0610 PLEASE TYPE (Form designed for use on elite (12 pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039, Expires 9-30-96 1. Generator's US EPA ID No. 1784 Manifest Document N Information in the shaded areas is not UNIFORM HAZARDOUS required by Federal law, but is required by WASTE MANIFEST Illinois law Location If Different 3. Generator's Name and Mailing Address A. Illinois Manifest Document Number 14752 SDAULDING US EPA REGION I 77 W. JACKSON HADVEY IL B. Illinois ELICAGO TE GOGOT 1. 24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS 1800 500 6755 Generator's ID 5. Transporter 1 Company Name US EPA ID Number C. Illinois Transporter's ID TRANSPORT HERMAGE INDO38484114 D. (37) 3816848 Transporter's Phone 7. Transporter 2 Company Name US EPA ID Number F. (Transporter's Phone 9. Designated Facility Name and Site Address
HERITAGE ENVIRONMENTAL SUCS. 10. US EPA ID Number G. Illinois Facility's 101311116210001 CANAL BANK RD NE 15330 ILN 085349264 H. Facility's Phone IL 60439 LEMONT 620 739 1151 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) 12. Containers Total Waste No. Type Quantity a WASTE, AEROSOLS, 2.1. UN1950 ERG#176 0.0.1 DE B. RO. WASTE, PAINT RELATED MATERIAL, 3 UN 1263, PGI. (RODOOS) ERG# 127 0.0.2 DMODO, 70 · RQ. WASTE, FLAMMABLE LIQUID, N.U.S. 3. UN1993, PGI, (RQ)001) 906# 128 (PAINT/GREASE) d. RQ WASTE, SULFAMIC ALID, 8, UN 2967, 75TH X XIDIOIOZ (RQ 1002) ERG# 154 0001268 J. Additional Description for Materials Listed Above ws# 4342 1 K. Handling Codes for Wastes Listed Above 11A)-12 175 DF In Item #14 B)-2 2 x 850 M C)-13 ZX55DM LOUSEPACK JOB 10383 70.79750 18 ×55 DF 15. Special Handling Instructions and Additional Information 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, and disposal currently available to me which minimizes the present and future threat to human health and the environment; **OR**, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Date Month Day Year Printed/Typed Name 17. Transporter 1 Acknowledgement of Receipt of Materials Date TRANSPORTER Printed/Typed Name Signature Month Day Year 111397 WILLIAM MURRAT 18. Transporter 2 Acknowledgement of Receipt of Materials Date Printed/Typed Name Signature Month Day Year

11/39 This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation an imprisonment up to 5 years. This form has been approved by the Forms Management Center.

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

19. Discrepancy Indication Space

Printed/Typed Name

ACI

The Illinois Uniform Manifest must be used for all shipments of special waste (hazardous and nonhazardous) stored, disposed of, treated or reclaimed in Illinois; and for all shipments originating in Illinois and destined for states that do not print and supply the form. PIMW (Potentially Infectious Medical Waste) requires a different manifest. For shipments not originating in Illinois, if the generator's state requires copies of the manifest, a photocopy of part I should be used.

INSTRUCTIONS TO GENERATORS (Please type)

- Enter generator's USEPA twelve digit identification number and the unique five digit document number assigned to this Manifest (e.g. 00001) by the generator.
- Enter the total number of pages comprising this Manifest.
- 3. Enter generator's name and mailing address. If location of waste generation is different from mailing address, enter location to the right of mailing address.
- 4. Enter telephone number where an authorized agent of the generator, who has knowledge of the waste, may be reached in the event of an emergency.
- Enter the generator's Illinois EPA ten digit identification
- 5, 6. For the first transporter who will transport the waste, enter the
- C, D. company name, USEPA ID number, Illinois EPA four digit Special Waste Hauling (SWH) Permit number, and telephone number where an authorized agent of the transporter may be reached in the event of an emergency.
- 7,8. If applicable, enter the information requested for the second
- E, F. transporter who will transport the waste.
- 9,10. For the facility designated to receive the waste, enter company
- G, H. name, address, USEPA ID Number, Illinois EPA ten digit facility code number, and telephone number where an authorized agent of the receiving facility may be reached.
- Enter the US DOT Proper Shipping Name, Hazard Class, and ID number (NA/UN number) for each waste as identified in 49 CFR 171 through 177. For wastes not regulated as Hazardous Materials by DOT, enter a description of the waste and the generic name of the waste, plus the phrase "not hazardous by DOT".
- 12. Enter the number of containers for each waste and the appropriate abbreviations for the type of container:

CM = Metal boxes or roll offs DM = Metal drums

CW = Wooden boxes

DW = Wooden drums

CF = Fiberboard or plastic bags DF = Fiberboard or plastic drums

BA = Burlap, cloth, paper or plastic bags.

CY = Cylinders

TT = Tank trucks

DT = Dump trucks

TC = Tank cars

TP = Tanks portable

- 13. Enter the total quantity of each waste.
- Enter unit of measure from list below:

G = Gallons

P = Pounds

T = Tons

Y = Cubic Yards

L = Liters

K = Kilograms

M = Metric tons

N = Cubic meters

Enter the EPA 4 digit Hazardous Waste Number; if waste is a mixture of listed and characteristic wastes, the listed waste must be entered - other numbers should be listed in Section J. For nonhazardous special wastes, enter Class A. Enter the Illinois EPA six digit waste stream permit (authoriza-

- tion) number for the waste stream (these numbers are specific for each waste stream and companies, and are obtained from the receiving facility) (leave blank for waste going out
- If needed, enter additional description or information/ J.K. instructions for the material listed in Item 11.
- 15. If needed, indicate special transportation, treatment, storage, or disposal information, or Bill of Lading information. For international shipments generators must enter the point of departure (City and State) for shipments destined for treatment, storage, or disposal outside the jurisdiction of the United States in this space.
- The generator must read, sign (by hand), and date the certification statement. If a mode other than highway is used, the word "highway" should be lined out and the appropriate mode (rail, water, or air) inserted in the space below. If another mode in addition to highway is used, enter the appropriate additional mode:

GENERATOR: RETAIN COPY 6. MAIL COPY 5 TO IEPA WITHIN 2 DAYS OF THE SHIPMENT IF WASTE IS HAZARDOUS.

INSTRUCTIONS TO TRANSPORTER: 17, 18. The person accepting the waste on behalf of the transporter must acknowledge acceptance of the waste described on the Manifest by signing and entering the date of receipt. Upon delivery of waste to facility, retain Copy 4 and leave remaining copies with the facility owner/operator.

INSTRUCTIONS TO OWNERS AND OPERATORS OF TREATMENT, STORAGE, OR DISPOSAL FACILITIES:

- The authorized representative of the designated (or alternate) facility's owner or operator must note in Item 19 any significant discrepancy (as defined in 35 Ill. Adm. Code 725.172) between the waste described on the Manifest and the waste actually received at the facility. Reference the discrepancy by line A, B, C, or D.
- 20. Print or type name of the person accepting the waste on behalf of the owner or operator of the facility. That person must acknowledge acceptance of the waste by signing and entering the date of receipt.

Retain Copy 3, send Copy 1 to the generator, and send Copy 2 to Illinois EPA within 30 days of the delivery.

Public reporting burden for this collection of information is estimated to average: 37 minutes for generators, 15 minutes for transporters, and 10 minutes for treatment, storage and disposal facilities. This includes time for reviewing instructions, gathering data, and completing and reviewing the form. Send comments regarding the burden estimate, including suggestions for reducing this burden to: Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M Street SW., Washington, D.C. 20480; and the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

UNIFORM HAZARDOUS WASTE MANIFEST	21. Generator's US EPA ID No. ILP20001784	Manifest Document No.	22. Page	orono in		ne shaded uired by Fede	erai
(Continuation Sheet) 23. Generator's Name U.S. & A. 24. Transporter Company Name		US EPA ID Number	M. State	Aanliest Docu 14803 Generator's II	7 3 3	9 d a	14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
28. Transporter Company Nam		JS EPA ID Number	Q. Trang	porter's Phone	3		1,1
	<u> </u>	29, Con		orter's Phone 30.		111111	
THM:	Proper Shipping Name, Hazard Class, a	nd ID Number) No.	Туре	Total Quantity	3:1. Unit Wt/Vol		
Non HAZAR	DOUS SPECIAL WAST GREASE)	2 Sacrol 0001	DMC	100	Ç	oco3	3 <i>1</i>
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f.	 	· · · · · ·					
h.		•				:	•
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S. Additional Descriptions fortimates	rials Listed Above		T. Handli	ng Codes for	 Waste:	Listed Abov	/e ;
784)-10 1785			e eve f				1
32. Special/Handling Instructions a	nd Additional Information						
,			<u> </u>			Par	<u></u>
33. Transporter Acknowledge Printed/Typed Name 34. Transporter Acknowledge	gement of Receipt of Materials Sign	nature	•	<u></u>		Date Month Day	
34. Transporter Acknowled Printed/Typed Name	gement of Receipt of Materials Sign	nature	•			Date Month Day	
5 35. Discrepancy Indication Space						<u> </u>	,J,

SERVICE LOCATION

INDIANAPOLIS, IN

LOT CODE # 360951

STOP CODE: 181946



CORPORATE HEADQUARTERS
HERITAGE ENVIRONMENTAL SERVICES, INC.
7901 WEST MORRIS STREET • INDIANAPOLIS, IN 46231
TELEPHONE 317/243-0811

Internet: http://www.heritage-enviro.com

I.I	10/27/97
DOCUMENT NO.	WASTESTREAM
703301 4	3421-1
PICKUP DATE	QUOTE
27-001-97	141230
PICKUP TIME	GROUP CODE
11/A - *	143122

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CO HOUSE		DESCRIPTION		
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	ADDITIONAL EQUIPMENT REQU	UIRED	PU	MPING DRUMS ?
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I	147752 SPAULDING HARVEY, IL 60426	JE8001500-0875	TNILO	977745
N	This is to certify that the above-named materials are properly classified, described, pac	A DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	GENERATOR I	MANIFEST NO.
G DEPARTURE	for transportation according to the applicable regulations of the Department of Transp		1027	~
SIGNATURE:	PRINT NAME:	DATE:	- JUAI	/
	TRANSPORTER:000 EPA ID NO HERITAGE TRANSPORT, INC.	.:IND058484114	and the same of th	CTOR TRAILER
T	Tarrest of the state of the sta		SPECIAL CHARG	ES INITIALS
A ARRIVAL	7901 WEST MORRIS STREET		EMERGENCY RATE: YES O	
V	INDIANAPOLIS, IN 46231	(317)381-6848		INUTES
Ī				O. USED
DEPARTURE	This is to certify acceptance of this waste for transportation. Carrier certifies that the eq for the transportation of this commodity.	uipment supplied for this shipment is a proper containe	HOSE USED:	EET
SIGNATURE:	1110 WILLIAM PRINT NAME! 109	4 Humar DATE 10/276		RUMS
	TSD FACILITY: 900 48 EPA ID NO	EIMD093219012	NET WEIGHT	NO. OF DRUMS
U	HERITAGE ENVIRONMENTAL SERVICES, INC			
L ARRIVAL	7901 WEST MORRIS STREET		GROSS GALLONS	NET GALLONS
0	INDIANAPOLIS, IN 46231	(317)243-0811	GHOSS GALLONS	NET GALLONS
A D			SCALE UNIT	SCALE VALUE
177			M ACIDITY	
N G			UNLOAD AUTH.	TANK CODE
DEPARTURE	This is to certify the acceptance of this waste for treatment and or disposal in accorda	ance with all applicable regulations.	LBS/GAL.	TSD CODE
SIGNATURE:	PRINT NAME:	DATE:		



LAND DISPOSAL RESTRICTIONS (LDR) NOTICE AND CEDTIFICATION

US EPH Weltmeyer- EPAID No. ILP 200001	794
Generator Name: EPA I.D. No.:	and the same of
Manifest Doc. No.: / 6 A / 7 State Manifest No.: + 14 / 64 53 / 4	No. of the second

(1) Manifest Page/Line Item	(2) Hazardous Waste Code ^A (One per line)	(3) Waste Water ⁿ	(4) Non- Waste Water ⁿ	(5) Subcategory (if applicable) ^c	(6) Underlying Constituents? ⁿ (Circle one)	(7) Applicable Certification ^E (One per line)
1/114.	11002			"Cwy System	Yes / No / NA	
William W. S.	and a second	13 8. 7			Yes / No / NA	
					Yes / No / NA	
				ent of the property of the property of the property of	Yes / No / NA	
			Sales of the sales		Yes / No / NA	
	-				Yes / No / NA	
			2.0	and the second s	Yes / No / NA	

To list additional waste codes complete a Heritage LDR Continuation Form (HESLDR2). Complete a Heritage Supplemental F001-F005 Spent Solvent/Underlying

Constituents/F039 Leachate Form (HESLDR3) if one or more applicable waste codes are F001, F002, F003, F004, F005, or F039.

Must check one, either wastewater or non-wastewater.

- Enter "NA" if no subcategory is applicable to the waste code (see back of HESLDR1 or 40 CFR 268.40). D
 - If "Yes" is circled, complete Heritage Supplemental F001-F005 Spent Solvent/Underlying Constituents/F039 Leachate Form (HESLDR3). For F001-F005 or F039 wastes, circle

'NA" and identify F001-F005 or F039 constituents on HESLDR3

- Choose from list of certifications below and enter number. Enter only one number per line. Enter date waste is subject to prohibition if Certification #3 applies.
- Waste Does Not Meet Applicable Treatment Standards This is a restricted waste that does not meet the applicable treatment standards set forth in Subpart D of 40 CFR Part 268, or exceeds the applicable prohibition levels set forth in 40 CFR 268.32 or RCRA Section 3004(d). (1)
- Waste Meets Applicable Treatment Standards I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and (2) testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA section 3004(d). I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment.
- Waste Subject to Exemption This waste is subject to an exemption from a prohibition, such as a case-by-case extension, an exemption, or a nationwide capacity variance. (Include date subject to LDR in Column 7) (3)
- Waste Treated to Applicable Treatment Standards (choose one): (4)
 - I certify under penalty of law that I have personally examined and am familiar with the treatment technology and operation of the treatment process used (4a) to support this certification and that, based on my inquiry of those individuals immediately responsible for obtaining this information, I believe that the treatment process has been operated and maintained properly so as to comply with the performance levels specified in 40 CFR Part 268, Subpart D, and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA section 3004(d) without impermissible dilution of the prohibited waste. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment.
 - (4b) I certify under penalty of law that the waste has been treated in accordance with the requirements of 40 CFR 268.42. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment.
 - I certify under penalty of law that I have personally examined and am familiar with the treatment technology and operation of the treatment process used (4c) to support this certification and that, based on my inquiry of those individuals immediately responsible for obtaining this information, I believe that the nonwastewater organic constituents have been treated by incineration in units operated in accordance with 40 CFR Part 264, Subpart O or 40 CFR Part 265, Subpart O, or by combustion in fuel substitution units operating in accordance with applicable technical requirements, and I have been unable to detect the nonwastewater organic constituents despite having used best good faith efforts to analyze for such constituents. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment.
- (5) Characteristic Waste Treated to Remove Characteristic (choose one):
 - I certify under penalty of law that the waste has been treated in accordance with the requirements of 40 CFR 268.40 to remove the hazardous characteristic. (5a) This decharacterized waste contains underlying hazardous constituents that require further treatment to meet universal treatment standards. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment.
 - I certify under penalty of law that the waste has been treated in accordance with the requirements of 40 CFR 268.40 to remove the hazardous characteristic, (5b) and that underlying hazardous constituents, as defined in 268.2, have been treated on-site to meet the 268.48 Universal Treatment Standards. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment.
- Lab Pack Managed According to Alternative Treatment Standard at 40 CFR 268.42(c) (INCIN) I certify under penalty of law that I personally have examined and am familiar with the waste and that the lab pack does not contain any wastes identified at Appendix IV to Part 268. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine or imprisonment. (6)

I certify that the information provided on this and any additional pages (HESLDR2; HESLDR3) of this LDR notification is true, accurate and complete.

Authorized Signature: Company/Title:

Print or Type Name:

Heritage does not warrant the acceptability of this form for any specific purpose, waste or treatment method and does not warrant that its use will constitute compliance with applicable law and expressly disclaims responsibility or liability, for any penalties, damages or other costs which may arise out of or be related to use of this document.

USEPA HAZARDOUS WASTE CODES WITH SUBCATEGORIES

Refer to this table to determine the appropriate subcategory for Column 5 of HESLDR1 or HESLDR2 and to determine whether it is necessary to complete HESLDR3. If the waste code you entered in Column 2 of HESLDR1 or HESLDR2 is not in this table enter "NA" in Columns 5 and 6.

Waste C	lode	Underlying Constituents Required?	Subcategory
D001	1.1	Y	Ignitable characteristic wastes managed in non-CWA systems (except for the 40 CFR 261.21(a)(1) High TOC Subcategory)
	1.2	N	Ignitable characteristic wastes managed by incineration, fuels substitution, or organics recovery (except for the 40 CFR 261.21(a)(1) High TOC Subcategory)
	2	N	Ignitable characteristic wastes managed in CWA Systems (except for the 40 CFR 261.21(a)(1) High TOC Subcategory)
	3	N	High TOC Ignitable Characteristic Liquids Subcategory (based on 40 CFR 261.21(a)(1)-greater than or equal to 10% total organic carbon, (Note: This subcategory consists of nonwastewaters only)
D002	4	Y	Corrosive characteristic wastes managed in non-CWA systems
	5	ANNINAN	Corrosive characteristic wastes managed in CWA systems
D003	6	N	Reactive Sulfides Subcategory (based on 40 CFR 261.23(a)(5))
	50	N	Unexploded ordnance and other explosive devices from an emergency response
	7	Y	Explosives Subcategory (based on 40 CFR 261.23(a)(6), (7) and (8))
	8	N	Other Reactives Subcategory (based on 40 CFR 261.23(a)(1))
	9	Y	Water Reactives Subcategory (based on 40 CFR 261.23(a)(2), (3) and (4)) (Note: This subcategory consists of nonwastewaters only)
	10	N	Reactive Cyanides Subcategory (based on 40 CFR 261.23(a)(5))
D006	11	N	Cadmium Containing Batteries Subcategory (Note: This subcategory consists of nonwastewaters only. For D006 wastes that do not fit this subcategory, enter "NA" in Column 5)
D008	12	N	Lead Acid Batteries Subcategory (Note: This subcategory consists of nonwastewaters only. For D008 wastes that do not fit this subcategory, enter "NA" in Column 5)
	13	N	High Mercury-Organic Subcategory (Nonwastewaters ≥260 mg/kg total mercury containing organics that are not incinerator residues)
ett i joit	14	N N	High Mercury-Inorganic Subcategory (Nonwastewaters ≥260 mg/kg total mercury that are inorganic, including incinerator residues and residues from RMERC)
D009	15	N	Low Mercury Subcategory (Nonwastewaters < 260 mg/kg total mercury)
	16	of half N	All D009 wastewaters
D012-D043	48	Y	TC organic waste managed in non-CWA system
	49	N	TC organic waste managed in CWA system
F025	17	N	Light Ends Subcategory
	18	N	Spent Filters/Aids and Desiccants Subcategory
K006	19	N	Anhydrous
na Saran Inga	20	10 noise No age vac	Hydrated
K069	21	N TERM	Calcium Sulfate (Low Lead) Subcategory
	22	N	Non-Calcium Sulfate (High Lead) Subcategory
K071	23	N	Nonwastewaters residues from RMERC
	24	N	Nonwastewaters not residues from RMERC
	25	N	All K071 wastewaters
K106	26	N	Nonwastewaters ≥260 mg/kg total mercury
	27	N	Nonwastewaters < 260 mg/kg total mercury residues from RMERC
	28	N	Nonwastewaters < 260 mg/kg total mercury not residues from RMERC
	29	we tru I Notes than	All K106 wastewaters
P047	30	N	4,6-Dinitro-o-cresol
	31	N	4,6-Dinitro-o-cresol salts
P065	32	N	Nonwastewaters, regardless of total mercury content, not incinerator residues and not residues from RMERC
	33	New York	Nonwastewaters either incinerator residues or residues from RMERC; and ≥260 mg/kg total mercury
	34	N	Nonwastewaters residues from RMERC and <260 mg/kg total mercury
	35	N	Nonwastewaters incinerator residues and <260 mg/kg total mercury
	36	N	All P065 wastewaters
P092	37	N	Nonwastewaters, regardless of total mercury content, not incinerator residues and not residues from RMERC
	38	N	Nonwastewaters either incinerator residues or residues from RMERC; and ≥260 mg/kg total mercury
	39	N	Nonwastewaters residues from RMERC and < 260 mg/kg total mercury
	40	N	Nonwastewaters incinerator residues and <260 mg/kg total mercury
	41	N	All P092 wastewaters
U151	42	N	Nonwastewaters ≥260 mg/kg total mercury
	43	N	Nonwastewaters < 260 mg/kg total mercury and residues from RMERC
	44	N	Nonwastewaters < 260 mg/kg total mercury and not residues from RMERC
	45	N N	All U151 wastewaters
U240	46	of colors N	2,4-D and the selection in recognition of a selection of a value of the selection of the se
	47	N	2.4-D salts and esters

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	UNIFORM HAZARDOUS 11. Generator's U.	S EPA No.	Manifest		2. Page 1 Information	tion in th	ne shaded areas
1	WASTE MANIFEST ILP20	THE RESERVE OF SHIPPING AND ADDRESS.	Document 1 1.0.2.7	.7			ne shaded areas Federal law, b nd K are required
100	3. Generator's Name and Mailing Address US EPA/WEI+MEYER.			A	State Manifest Doc	ument Nu	
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Contraction of the	4. Generator's Phone (\$00 500- 0575		学 等 美科斯	de la	ar yan ang kalangan ka		
	5. Transporter 1 Company Name	6. US EPA ID Number	CHII		. State Transporter's . Transporter's Phon		201 10
	7. Transporter 2 Company Name	8. US EPA ID Number	77.11	100	. State Transporter's	211	-381-65
				, F	. Transporter's Phon	е	
CONTRACT.	9. Designated Facility Name and Site Address Heritage Environmental Status 7901 West MORRIS Street	10 US EPA ID Number		G	a. State Facility's ID		
	Jan west Morris Street	in the contract of the contrac		H	I. Facility's Phone		
MINGS NO.	ENDE ANAPOLIS EN 46231	LN.D.0.9.3.2	1.9.0.1	2	3/7-24	3-0	18/1
	11. US DOT Description (Including Proper Shipping Name, Haza		12. Cont	ainers	13. Total	14. Total	l. Waste No.
			No.	Type	Quantity	Wt/Vol.	
THE PERSON	R, O, waste Hydrochloric Un 1789, PGII, ERG. 1	HCT-1, 8,				0	1200-
	UN 1189, PGI, EKG. 1.	57	001	ナナ	0.2000	6	1002
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-	J. Additional Descriptions for Materials Listed Above	THE REPORT OF THE PARTY		V Har	ndling Codes for Was	tes Liste	d Above
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NAME OF TAXABLE PARTY OF TAXABLE PARTY.	15. Special Handling Instructions and Additional Information		Control of the contro				
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When using the uniform waste manifest for rail or water (bulk shipments) or international shipments, refer to the applicable State regulations.

INSTRUCTIONS TO GENERATORS (Please type or print clearly)

- (1) Enter generator's U.S. EPA twelve digit identification number and the unique five digit document number assigned to this Manifest (e.g., 00001) by the generator.
- (2) Enter total number of pages comprising this Manifest.
- (3) Enter generator's name and mailing address.
- (4) Enter telephone number where an authorized agent of the generator may be reached in event of an emergency
- (5, 6) Enter company name and U.S. EPA I.D. number of the first transporter who will transport the waste.
- (7, 8) If applicable, enter company name and U.S. EPA I.D. number of the second transporter who will transport the waste. If more than two transporters are used, enter each additional transporter's information on the Continuation Sheet (EPA Form 8700-22A).
- (9, 10) Enter company name, site address, and U.S. EPA I.D. number of the facility designated to receive the waste listed on this Manifest.
 - (11) Enter U.S. DOT Proper Shipping Name, Hazard Class, and I.D. number (UN/NA) for each waste as identified in 49 CFR 171 through 177. Note: If additional space is needed for waste descriptions, enter in Item 28 on the Continuation Sheet (EPA Form 8700-22A).
 - (12) Enter number of containers for each waste and the appropriate abbreviation from Table I (below) for the type of container.

Table 1 - Types of Containers

DM-Metal drums
DW-Wooden drums
TC-Tank Trucks
CM-Metal boxes (including roll-offs)
CW-Wooden boxes
DF-Fiberboard/plastic
DT-Dump truck
TP-Tanks portable
CY-Cylinders
BA-Bags

(13) Enter total quantity of waste described on each line.

(14) Enter appropriate abbreviation from Table II (below) for the unit of measure.

Table II - Units of Measure

P = Pounds

K = Kilograms

Y = Cubic yards

N = Cubic meters

L = Liters (liquids only)

G = Gallons (liquids only)

T = Tons (2,000 lbs.)

M = Metric tons (1,000 kg.)

(16) The **generator** must read, sign (by hand), and date the certification statement. If a mode other than highway is used, the word "highway" should be lined out and the appropriate mode (rail, water, or air) inserted in the space below.

THE FOLLOWING INFORMATION IN THE SHADED AREAS IS REQUIRED BY INDIANA STATE LAW

- (D) Enter the phone number of first transporter.
- (F) Enter the phone number of second transporter (if applicable).
- (H) Enter the phone number of the designated facility.
- (I) Enter the most appropriate EPA waste code.
- (K) Enter the handling code which reflects the ultimate disposition of the waste at the facility.

GENERATOR IN STATE Retain Copy 8 and detach and mail Copy 2 to Indiana D.E.M.
GENERATOR OUT OF STATE: Retain Copy 8 and mail Copy 2 to the Generator State (if applicable) and mail Copy 3 to Indiana D.E.M.

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TRANSPORTER(S): Retain Copy 7 (Copy 6) and leave remaining copies with FACILITY OWNER/OPERATOR.

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- (19) The authorized representative of the designated (or alternate) facility's owner or operator must note in this space any discrepancy between the waste described on the Manifest and the waste actually received at the facility.
 - (20) Print or type name of the person accepting the waste on behalf of the owner or operator of the facility. That person must acknowledge acceptance of the waste described on the Manifest by signing and entering the date of receipt.

OWNER/OPERATOR IN STATE: Retain Copy 5, return Copy 4 to generator and mail Copy 1 to Indiana D.E.M.
OWNER/OPERATOR OUT OF STATE: Retain Copy 5, return Copy 4 to generator, mail Copy 1 to the TSD State
(if applicable) and mail Copy 3 to Indiana D.E.M.

Indiana generators and TSD facilities must mail the required manifest copies to the State of Indiana within five (5) working days of shipment or receipt of the waste (IC 13-7-8.5-7).

Address all manifest copies:

Indiana Department of Environmental Management Office of Solid and Hazardous Waste Management P.O. Box 7035 Indianapolis, IN 46207-7035

Manifest Tracking Phone Number: (317)232-7959

Public reporting burden for this collection of information is estimated to average: 37 minutes for generators, 15 minutes for transporters, and 10 minutes for treatment, storage, and disposal facilities. This includes time for reviewing instructions, gathering data, and completing and reviewing the form, Send comments regarding the burden estimate, including suggestions for reducing this burden to: Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M. St., SW., Washington, D.C. 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

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ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8802 24 HOURS PER DAY.

WASTE MANAGEMENT DIVISION MICHIGAN DEPARTMENT OF **ENVIRONMENTAL QUALITY**

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ATT.	DIS.		REJ.	

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Failure to file may subject you to
criminal and/or civil penalties under
Sections 324.11151 or 324.12116 MCL.

Required under authority of Part 111 and Part 121 of Act 451, 1994, as amended.

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	If I am a large quant	tity generator, I certify th	at I have a program in	place to reduce the volume	and toxicit	of wa	ste generated to the	he degre	e I have determined
	present and future th	nreat to human health a	nd the environment; Ol	able method of treatment, sto R; if I am a small quantity g	enerator, I	have m	nade a good faith	effort to	minimize my waste
100	generation and select	the best waste managem	ent method that is avail	able to me and that I can affor	d.			1	Date
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The same	· · · volument Jallumine	SPINIS SCORES SA	THE PHOP A						
		Operator: Certification	of receipt of hazardo	us materials covered by th	is manifes	t exce	pt as noted in		
	Item 19.			1/					Date
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GENERAL INSTRUCTIONS

Read all instructions before completing this form. This form has been designed for use on a 12-pitch (ellte) typewriter/computer, printer: a firm point pen may also be used - press down hard. Ensure 直衛衛 外生物 医腹肿 all copies are legible.

Federal and state regulations require generators and transporters of hazardous waste and owners or operators of hazardous waste treatment, storage, and disposal facilities to use this form (8700-22) and, if necessary; the continuation sheet (Form 8700-22A) for both inter- and intrastate transportation of hazardous waste as defined in 40 CFR and Part 111 of Act 451 of 1994, as amended (Part 111). State regulated shipments of liquid industrial waste as required in Part 121 of Act 451 of 1994, as amended (Part أخلف وأأراض And the Branch

Federal and State regulations provide for additional regulrements, not included in these instructions, regarding the use and management of this form (40 CFR, 49 CFR, Part 111, Part 121).

Additional information such as "Rejected Load Procedures", state assigned identification numbers manifest forms, etc., can be obtained by contacting the Michigan Department of Environmental Quality (MDEQ), Weste Management Division 8 (WMD) Internet Home Page at Quality (MDEQ), Waste Management Division® (WMD) Internet Horne Page at http://www.deq.state.mi.us/wmd or you may contact the Manifest Unit directly at (517) 373-1217. Continuation sheets are not supplied by MDEQ.

Complete all items on the manifest. Enter "N/A" if any item does not apply, Leave items that may be needed later blank, such as second transporter.

Item 1: Enter the generator's U.S. EPA'twelve digit identification number. For Part 121 manifested shipments where a generator does not have a U.S. EPA assigned number, a state assigned number must be obtained and used. The generator of the waste must enter a unique five digit manifest document number (e.g. 00001)

Item 2. Page number 1 of 1 should be recorded unless a continuation sheet is used, in which case the total number of pages, counting the initial manifest page, should be shown.

Item 3. Enter the name of the generator and the mailing address to which the manifest should be mailed. If the address of the site at which the waste, was placed into transportation is different from the mailing address record the site address in Item J. į.,

Item 4. Enter a telephone number (including area code) where an authorized agent of the generator can be reached in the event of an emergency and/or a partial or total rejected load.

NOTE: The 24 hour emergency phone number required for a hezardous materials shipping paper may be different from the generator's phone number.

filem 5. Enter the company name of the first transporter who will transport the waste.

Iţêm 6. Enter the transporter's U.S. EPA twelve digit identification number. For Part 121 manifested shipments where a transporter does not have a U.S. EPA-assigned number, a state assigned number is to be used.

Item 7. If using a second transporter, enter the company name.

Item 8. Enter the second transporter's U.S. EPA twelve digit identification number. For Part 121 manifested shipments where a transporter does not have a U.S. EPA assigned number, a state assigned number is to be used.

NOTE: If more than two transporters are used, the generator or third transporter shall initiate a NOTE: If more than two transporters are used; the generator or finire transporter shall initiate a continuation sheet: the generator/transporter must copy the State manifest document number listed in Item A. Every transport company used between the generator and the designed facility (except for intermediate fail or barge transporters used between the Initial rail or barge carriers and the designed facility) must be listed. This is not intended to require multiple signatures for individual divers working for one-transporter—tem 2.is to be changed to reflect the added page(s). Continuation sheets must be appropriately completed in their entirety and properly distributed. Continuation sheets may not be used to list additional waste streams.

item 9. Enter the company name and afte address of the facility designated to receive the waste listed on this manifest.

Item 10. Enter the U.S. EPA livelye digit identification number for the designated facility described in Item 9. For Part 121 manifested shipments where a designated facility does not have a U.S. EPA assigned number, a state assigned number is to be used:

tem 11 Enter an Xim the HM box if the waste is a hazardous material regulated by U.S. DOT.

(See 49. CER. 172). Enter the required U.S. DOT, shipping description, including Proper Shipping Name, Hazard, Class or Division; ID. Number, (UNNA), and packing group for each, waste as identified in 49. CER. 172. Additional information may also be required in this space, including technical name and reportable quantity references. For only Part 121 regulated wastes include an appropriate, shipping description for the waste stream:

Items12. Enter the number of containers for each waste and the appropriate abbreviations listed below for the type of container. Each container type requires separate entry.

DM' = Metal drums, barrels, kegs CY = Cylinders CM = Metal boxes, cartons, cases (including roll-offs) DW = Wooden drums, barrels, kegs Fiberboard or plastic drums, barrels, kegs CW = Wooden boxes, cartons, cases Tanks, portible Cargo tanks (tank trucks) = Fiber or plastic boxes, cartons, cases ā BA: = Burlap, cloth, paper / plastic bags

Tank cars

Item 13. Enter the total quantity of waste described on each line. Do not use decimals or tractions. Item:14:/Enter the appropriate-abbreviation-for the unit of measure listed below.

G = Gallons (liquids only) Liters (liquids only) = Pounds Kilograms = Tons (2000 lbs.) = Cubic yards M = Metric tons (1000 kg) N = Cubic meters Item 15. The generator may use this space to indicate special transportation, treatment storage or disposal information. Import/Export information as noted in the "International Stipment instructions section is to be recorded tiere? (if

Item 16: The generator must read, print his/her name, sign and date the certification statement.

Item 17./Print the name of the person accepting the waste on behalf of the first transporter. That person must acknowledge acceptance of the Waste described on the manifest by signing and enterthing the date of receipt. entering the date of receipt.

Item 18 If applicable, print the name of the person accepting the waste on behalf of the second transporter. That person must acknowledge acceptance of the waste described on the manifest. by signing and entering the date of receipt.

Item 19. An authorized representative of the designated (or alternate) facility must note in this space any discrepancy in the waste shipment.

Item-20: Print the name of the person accepting the waste of behalf of the dasignated facility. That person must acknowledge acceptance of the waste described on the manifest by signing and entering the date of receipt.

NOTE: MDEO "Rejected Load Procedures", provides guidance for partial or total load rejections

Only the following Information in the shaded area is a State of Michigan regulrement:

Item A. A preprinted State manifest document number.

Item B - H. May be required by other states.

Item I. For hazardous wastes, enter the appropriate waste numbers found in R229.9212 through R299.9214 of Part 111 and 40 CFR 261 Subparts C abd. D. Ill-more than one waste number is required to appropriately identify the waste, enter the additional numbers in Item J. In selecting the most appropriate waste number the following their archy must be used: acute waste (including P and acute P), U (toxic), K (specific sources), non-acute F (non-specific sources) and D (characteristic). State regulated wastes. For Part 121 wastes which are not hazardous wastes enter the appropriate code listed be

Mixed Solventa	5 007L
Pharmaceutical	i 014L ∵
Crankcase Oil	017∟ ```
Goolants and Water Soluble Oils	019L
Other Oil (Describe in Item 11 or Item J)	. 021L
Brine	022L
PCB	026L
Other wastes (Describe in Item 11 or Item J)	029L
-Antifréeze	030L

Item J. Generators are to use this space for the site address if different from the mailing addre noted in Item 3, additional waste codes, additional description for a Part 121 Item I of these instructions, approval of commingling authority as required in R299.9304(6)

Item K. List any specific codes which apply.

Burned for Energy Recovery Conditionally Exempt Small Quantity Generator. Emergency Response Cleanup Household Generated Recycled Precious Metals Recycled, Reclaimed, Used or Reused 🤧 Universal Waste

INTERNATIONAL SHIPMENTS

Exports- Transporters must sign and enter the date the waste leaves the United States in Item 15. The primary exporter must identify the point of departure from the United States:

Importe Shipments of hazardous and Part 121 regulated wastes must be accompanied by a US EPA Uniform Hazardous Waste Manifest. Any person functioning as the U.S. Importer, as defined in Part 111, must complete the manifest as required in R299.9310.

"Transporters of hazardous waste shipments must deliver a copy of the manifest to U.S. when importing or experting the waste lacross: U.S. borders. Record the foreign waste manifest adocument number in item data to the property one.

MANIFEST DISTRIBUTION

GENERATOR: Upon placing the waste light, transportation (first transporter, signs and dates manifest) remove the white and gold banded copies and give the remainder of the manifest copies to the transporter. Send the white copy to MDEQ no later than the tenth day of the month following the shipment of waster being transported feathers. the shipment. For shipments of wastes being transported to a designated actility obtaide of Michigan when an out-of-state manifest is used, mail to the MDEQ a photocopy of the manifest when the shipment is placed into transportation and mall a photocopy of the second generator manifest copy, when received to the second to the day to

TRANSPORTER; Upon delivery to the designated (or allemate) facility, and that facility, signs and dates the manifest, the canary banded copy will be returned to you. If more than one transporter is used, the manifest is to be copied and supplied to the previous transporter acknowledging the receipt of the shipment by the next transporter. The canary banded copy stays with the manifes until the shipment reaches the designated facility.

DESIGNATED FACILITY: Upon signing and dating the manifest as received, give the canal banded copy to the transporter. Return the blue banded copy to the generator. Mail the bink banded copy to the MDEC no later than the 10th day of the month following receipt of shipment.

ADDRESS ALL MDEO MANIFEST COPIES TO:

WASTE MANAGEMENT DIVISION MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY PO BOX-30038-

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LANSING MI 48909-7538

The public reporting burden for this collection of information is estimated to average 31 minutes for generators, 16 minutes for transporters; and 16 minutes for treatment, storage and disposal facilities. The for this collection of information is estimated to average 6 minutes for generators, 6 minutes for transporters; and 6 minutes for treatment, storage and disposal facilities. The burden associated with real hour and 15 minutes annually. Burden means the total time, effort, or financial resources expended by persons to generate, maintain, retain, or disclose or provide information to or for a Federal agency:

Thin is tuaded less and interpretation of the section of the section

An agendy may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB numbers for EPA's regular 46 CFR/Chapter 15: Send comments regarding these burden statements or any other aspect of this collection, including suggestions for reducing the burden, including surgestions, or reducing the burden, including surgestions for reducing the burden, including surgestions are issued in 40 CFI Fact 12 and 12 and

SERVICE LOCATION DOCUMENT NO. WASTESTREAM HERITAGE 43421-1 INDIANAPOLIS, IN 703102 **PICKUP DATE** QUOTE LOT CODE: 360844 CORPORATE HEADQUARTERS
HERITAGE ENVIRONMENTAL SERVICES, INC.
7901 WEST MORRIS STREET • INDIANAPOLIS, IN 46231 24-OCT-97 141250 TELEPHONE 317/243-0811 PICKUP TIME GROUP CODE STOP CODE: 181749 Internet: http://www.heritage-enviro.com Miles: 176 N/A 143110 SCALE WEIGHTS SPECIAL INSTRUCTIONS CUSTOMER HERITAGE ENVIRONMENTAL SERVICES 71960 02:23 PM 10 25 97 HERITAGE REMEDIATION 38942 15330 CANAL BANK RD. LEMONT, IL 60439 67620 CONTACT: BARRY LEGG EXT.226 29 07:57 PM 10 25 97 PURCHASE ORDER NO. RELEASE NO. WASTESTREAM COMMON NAME 28680 08:37 PM 10 25 97 HYDROCHLORIC ACID PRODUCT PRODUCT DESCRIPTION HAZARD TYPE WASTE ACID BULK CHARACTERISTIC DO. TE 9166 EMENEY Rate **HAZARD CODES** SYSTEM TYPE (533-D) S02/T31/T23/T40/T21 DOT DESCRIPTION RQ, WASTE HYDROCHLORIC ACID, 8, UN1789, PG II, ERG# 157 PROTECTIVE EQUIPMENT REQUIRED CHEM RES GLVS,CHEM GLGLS,R BOOTS,FACE SHLD,PCTYVEK SUIT,RESP-ACID CART ADDITIONAL EQUIPMENT REQUIRED **PUMPING DRUMS?** NO ADDITIONAL EQUIPMENT SPECIFIED SPECIAL INSTRUCTIONS NO SPECIAL INSTRUCTIONS GENERATOR: 43421 EPA ID NO.: ILP200001784 **ESTIMATED QUANTITY** US EPA/WELTMEYER 4,500 0 ARRIVAL FRED BARTMANN HAZARDOUS MANIFEST NO. D 147752 SPAULDING HARVEY, IL 60426 (800)500-0575 N This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled and are in proper condit GENERATOR MANIFEST NO. G DEPARTURE able regulations of the Department of Tra PRINT NAME: SIGNATURE: EPA ID NO .: IND058484114 TRANSPORTER 000 DRIVER HERITAGE TRANSPORT, INC. 197 12-12 SPECIAL CHARGES ARRIVAL 7901 WEST MORRIS STREET EMERGENCY RATE: YES OR ____ NO INDIANAPOLIS, IN 46231 (317)381-6848 90 MINUTES DEMURRAGE: E ptance of this waste for transportation. Carrier certifies that the equip 120 FEET DEPARTURE HOSE USED: SIGNATURE: PRINT NAME MINUTES TSD FACILIT EPA ID NO .: INDO **NET WEIGHT** NO. OF DRUMS HERITAGE ENVIRONMENTAL SERVICES, INC. 7901 WEST MORRIS STREET ARRIVAL GROSS GALLONS **NET GALLONS** INDIANAPOLIS, IN (317)243-0811 46231 38 1X **SCALE UNIT** SCALE VALUE % ACIDITY UNLOAD AUTH. TANK CODE This is DEPARTUR b certify the waste for treatment and or disposal in accordance with all applicable regulations. LBS/GAL. TSD CODE SIGNATURE PRINT NAME EMERGENCY CHEMICAL ASSISTANCE TELEP HONE NUMBER! **MAIL TO GENERATOR**

THE STATE OF	
(A) (A)	
1016	

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT P.O. Box 7035 Indianapolis, IN 46207-7035

1016	Indianapolis, IN 46207-7035			made of sucronary
1	PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch type) UNIFORM HAZARDOUS WASTE MANIFEST Generator's US EPA No. P. 20.000/7.8.9	Manifest	2. Page 1 Info	3 No. 2050-0039. Expires 9-30-95 primation in the shaded areas is required by Federal law, but ms D, F, H, I and K are required State law.
	3 Generator's Name and Mailing Address USEPALWCH PROPERTY Chicago, IL 606	604		L199063
	4. Generator's Phone 3/2 353-2319 Affin: Fred	Bat Rank	C. State Transpor	res ID 1554
	Her itage Transport Inc INDOS.8. 7. Transporter 2 Company Name 8. US EPA ID Number	er	D. Transporter's F E. State Transpor F. Transporter's P	ter's ID
	9. Designated Facility Name and Site Address Heritage Front formental Services, En	L og stances	G. State Facility's	的复数中国的人员,在1990年的一个1990年的1990年中的1990年中的1990年中的1990年中的1990年中的1990年中的1990年中的1990年中的1990年中的1990年中的1990年中的1990年中的19
	Indianapolis, IN 46251 FND.093	2/90.12	The second secon	43-0811
	a R. O. Waste Hydrockleric Kerk, 85		ype Total O	Unit Waste No.
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R		(3b) poly		
	d A Section 1			
	J. Additional Descriptions for Materials Listed Above			Wastes Listed Above
	11a 43421-1	ga wing. Na	502, #5 To	21 663
1	15. Special Handling Instructions and Additional Information	29164	in in the same	CONTROL CONTROL OF AN
	16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consi name and are classified, packed, marked, and labeled, and are in all respects in international and national governmental regulations.			
	If I am a large quantity generator, I certify that I have a program in place to redudetermined to be economically practicable and that I have selected the practicable which minimizes the present and future threat to human health and the environment of the best waste management.	le method of treatn	nent, storage, or dis small quantity gene	posal currently available to me rator, I have made a good faith
▼	Printed/Typed Name Signature T 7. Transporter 1 Acknowledgement of Receipt of Materials	Bar.	tima	Month Bay year
-RAZOD	Printed/Typed Name Signature Signature	00	00	Month Date Year
TRAZOPORTUR	18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name Signature Signatu	× ceo		Month Day Year
FAC	19. Discrepancy Indication Space Volume discrepancy confirmed with E	sarry us	ng / Fred	Bartmann 128/179W.
0-1-1		1		
Y	20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by the Printed/Typed/Name Signature	is tranifest except a	as noted item 19.	Man Oak Cold

EPA Form 8700-22 Previous editions are obsolete State Form 11865 (R2 / 1-94)

When using the uniform waste manifest for rail or water (bulk shipments) or international shipments, refer to the applicable. State regulations.

INSTRUCTIONS TO GENERATORS (Please type or print clearly)

Enter **generator's** U.S. EPA twelve digit identification number and the unique five digit document number assigned to this Manifest (e.g., 00001) by the generator.

Enter total number of pages comprising this Manifest.

Enter the generator's name and mailing address. (3) Enter telephone number where an authorized agent of the generator may be reached in event of an emergency. Enter company name and U.S. EPA I.D. number of the first transporter who will transport the waste.

(5, 6)

(7,8) If applicable, enter company name and U.S. EPA I.D. number of the second transporter who will transport the waste. If more than two transporters are used, enter each additional transporter's information on the Continuation Sheet (EPA Form

Enter company name, site address, and U.S. EPA I.D. number of the facility designated to receive the waste listed on this

Enter U.S. DOT Proper Shipping Name, Hazard Class, and I.D. number (UN/NA) for each waste as identified in 49 CFR 171 (11)through 177. Note: If additional space is needed for waste descriptions, enter in Item 28 on the Continuation Sheet (EPA Form 8700-22A)

Enter number of containers for each waste and the appropriate abbreviation from Table I (below) for the type of container.

HERST INDOGS Table I - Types of Containers

DM-Metal drums DW-Wooden drums DF-Fiberboard/plastic TP-Tanks portable

TT-Tank Trucks TC-Tank cars DT-Dump truck CY-Cylinders

CM-Metal boxes (including roll-offs) CW-Wooden boxes
CF-Fiber or plastic boxes BA-Bags

Enter total quantity of waste described on each line. (13)

Enter appropriate abbreviation from Table II (below) for the unit of measure.

Table II - Units of Measure

P = Pounds K = Kilograms Y = Cubic yards N = Cubic meters

L = Liters (liquids only) G = Gallons (liquids only) T = Tons (2,000 lbs.)M = Metric tons (1,000 kg.)

The generator must read, sign (by hand), and date the certification statement. If a mode other than highway is used, the word "highway" should be lined out and the appropriate mode (rail, water, or air) inserted in the space below.

THE FOLLOWING INFORMATION IN THE SHADED AREAS IS REQUIRED BY INDIANA STATE LAW

Enter the phone number of first transporter.

Enter the phone number of second transporter. Enter the phone number of the designated facility.

Enter the appropriate EPA waste code

Enter the handling code which reflects the ultimate disposition of the waste at the facility.

GENERATOR IN STATE Retain Copy 8 and detach and mail Copy 2 to Indiana D.E.M. GENERATOR OUT OF STATE: Retain Copy 8 and mail Copy 2 to the Generator State (if applicable) and mail Copy 3 to Indiana D.E.M.

INSTRUCTIONS TO TRANSPORTERS (Please type or print clearly)

(17, 18) Enter name of person accepting the waste on behalf of the transporter. That person must acknowledge acceptance of the waste described on the Manifest by signing and entering the date of receipt.

TRANSPORTER(S): Retain Copy 7 (Copy 6) and leave remaining copies with FACILITY OWNER/OPERATOR.

INSTRUCTIONS TO OWNERS AND OPERATORS OF TREATMENT, STORAGE, OR DISPOSAL FACILITIES (Please type or print clearly)

The authorized representative of the designated (or alternate) facility's owner or operator must note in this space any discrepancy between the waste described on the Manifest and the waste actually received at the facility.

Print or type name of the person accepting the waste on behalf of the owner or operator of the facility. That person must (19)

acknowledge acceptance of the waste described on the Manifest by signing and entering the date of receipt.

OWNER/OPERATOR IN STATE: Retain Copy 5, return Copy 4 to generator and mail Copy 1 to Indiana D.E.M. OWNER/OPERATOR OUT OF STATE: Retain Copy 5, return Copy 4 to generator, mail Copy 1 to the TSD State (if applicable) and mail Copy 3 to Indiana D.E.M.

Indiana generators and TSD facilities must mail the required manifest copies to the State of Indiana within five (5) working days of shipment or receipt of the waste (IC 13-7-8.5-7).

Address all manifest copies:

Indiana Department of Environmental Management Office of Solid and Hazardous Waste Management P.O. Box 7035

Indianapolis, IN 46207-7035 Manifest Tracking Phone Number: (317) 232-7959

Public reporting burden for this collection of information is estimated to average: 37 minutes for generators, 15 minutes for transporters, and 10 minutes for treatment, storage, and disposal facilities. This includes time for reviewing instructions, gathering data, and completing and reviewing the form. Send comments regarding the burden estimate, including suggestions for reducing this burden to: Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M. St., SW., Washington, D.C. 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503. SERVICE LOCATION

INDIANAPOLIS, IN

LOT CODE: 360843

STOP CODE: 181750

Miles: 176

SIGNATURE:



CORPORATE HEADQUARTERS
HERITAGE ENVIRONMENTAL SERVICES, INC.
7901 WEST MORRIS STREET • INDIANAPOLIS, IN 46231
TELEPHONE 317/243-0811

DOCUMENT NO.	WASTESTREAM
703103 4	3421-1
PICKUP DATE	QUOTE
24-0CT-97	141250
PICKUP TIME	GROUP CODE
N/A	143111

LBS/GAL.

10.802

TSD CODE

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DEPARTURE	This is to certify acceptance of for the transportation of this c	this waste for transportation. Carri- ommodity.	er certifies that the equipme	ent supplied for this ship	HUSE	USED: FEE	
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ARRIVAL	7901 WEST MOR INDIANAPOLIS,			(317)24	43-0811	ROSS GALLONS SCALE UNIT	NET GALLONS SCALE VALUE
V	120					UNLOAD AUTH.	TANK CODE
3	1-1. 11.	1					12

PRINT NAME: 10.

EMERGENCY CHEMICAL ASSISTANCE TELEPHONE NUMBER: 1-800-827-5221

MAIL TO GENERATOR

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT P.O. Box 7035 Indianapolis, IN 46207-7035

3. Generator's Name and Mailing	lever "	age, IL 606	94		. State Manifest D	199	064
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Designated Facility Name and	Site Address	Services In C	10.014.000	100	i. State Facility's II		
1901 West mo				Н	7/80 I. Facility's Phone	7+0	00/
Indianapolis,	IN 462	31 INDO932	1901	4	3/7-243	3-08	# /
11. US DOT Description (Including	g Proper Shipping Name	e, Hazard Class, and ID Number)	12. Cont		13. Total	14. Unit	I. Waste No.
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When using the uniform waste manifest for rail or water (bulk shipments) or international shipments, refer to the applicable State regulations.

	ORS (Please type	

- (4) Enter generator's U.S. EPA twelve-digit identification number and the unique five digit document number assigned to this

- (1) Enter generator's U.S. EPA twelve-digit identification number and the unique live digit document homose accommon Manifest (e.g., 00001) by the generator.

 (2) Enter total number of pages comprising this Manifest.

 (3) Enter the generator's name and mailing address.

 (4) Enter the generator's name and mailing address.

 (5) Enter the generator's name and u.S. EPA I.D. number of the generator may be reached in eventrol an emergency.

 (6) Enter company name and U.S. EPA I.D. number of the first transporter who will transport the waste. If applicable, enter company name and U.S. EPA I.D. number of the second transporter who will transport the waste. If more than two transporters are used, enter each additional transporters into transport the waste. If an applicable of the second transporters are used, enter each additional transporters into transporters are used.
- Enter company name, site address and U.S. EPAT.D. number of the facility designated to receive the waste listed on this
 - Manifest: Enter U.S. DOT Proper Shipping Name, Hazard Class, and I.D. number (UN/NA) for each waste as identified in 49 CFR 171 through 177. Note: If additional space is needed for waste descriptions, enter in Item 28 on the Continuation Sheet (EPA

Enter number of containers for each waste and the appropriate abbreviation from Table I (below) for the type of container.

たいっちゃいいれ Table I - Types of Containers

DM-Metal drums DW-Wooden drums DF-Fiberboard/plastic TP-Tanks portable

TT-Tank Trucks CY-Cylinders

CM-Metal boxes (including roll-offs) TC-Tank cars CW-Wooden boxes CF-Fiber or plastic boxes

BA Bags

Enter total quantity of waste described on each line.

Enter appropriate abbreviation from Table II (below) for the unit of measure

Table II - Units of Measure

P = Pounds L = Liters (liquids only) G = Gallons (liquids only) T = Tons (2,000 lbs.) K = Kilograms Y = Cubic yards N = Cubic meters M = Metric tons (1.000 kg.)

(16) The generator must read, sign (by hand), and date the certification statement. If a mode other than highway is used, the word "highway" should be lined out and the appropriate mode (rail, water, or air) inserted in the space below.

THE FOLLOWING INFORMATION IN THE SHADED AREAS IS REQUIRED BY INDIANA STATE LAW

Enter the phone number of first transporter.

Enter the phone number of second transporter.

Enter the phone number of the designated facility.

Enter the appropriate EPA waste code.

Enter the handling code which reflects the ultimate disposition of the waste at the facility.

GENERATOR IN STATE Retain Copy 8 and detach and mail Copy 2 to Indiana D.E.M., GENERATOR OUT OF STATE: Retain Copy 8 and mail Copy 2 to the Generator State (if applicable) and mail Copy 3 to Indiana D.E.M.

INSTRUCTIONS TO TRANSPORTERS (Please type or print clearly)

(17, 18) Enter name of person accepting the waste on behalf of the transporter. That person must acknowledge acceptance of the waste described on the Manifest by signing and entering the date of receipt.

TRANSPORTER(S): Retain Copy 7 (Copy 6) and leave remaining copies with FACILITY OWNER/OPERATOR.

INSTRUCTIONS TO OWNERS AND OPERATORS OF TREATMENT, STORAGE, OR DISPOSAL FACILITIES (Please type or print clearly)

The authorized representative of the designated (or alternate) facility's owner or operator must note in this space any (19)

discrepancy between the waste described on the Manifest and the waste actually received at the facility. Print or type name of the person accepting the waste on behalf of the owner or operator of the facility. That person must acknowledge acceptance of the waste described on the Manifest by signing and entering the date of receipt.

OWNER/OPERATOR IN STATE: Retain Copy 5, return Copy 4 to generator and mail Copy 1 to Indiana D.E.M.
OWNER/OPERATOR OUT OF STATE: Retain Copy 5, return Copy 4 to generator, mail Copy 1 to the TSD State
(if applicable) and mail Copy 3 to Indiana D.E.M.

Indiana generators and TSD facilities must mail the required manifest copies to the State of Indiana within five (5) working days of shipment or receipt of the waste (IC 13-7-8.5-7).

Address all manifest copies:

Indiana Department of Environmental Management > Office of Solid and Hazardous Waste Management ©: Box 7035

Indianapolis, IN 46207-7035 Manifest Tracking Phone Number: (317) 232-7959

Public reporting burden for this collection of information is estimated to average: 37 minutes for generators, 15 minutes for transporters, and 10 minutes for treatment, storage; and disposal facilities. This includes time for reviewing instructions, gathering data, and completing and reviewing the form. Send comments regarding the burden estimate, including suggestions for requiring this burden to: Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M. St., SW.: Washington, D.C. 20460: and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

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In case of a spill call the Indiana Office of Environmental Response at 317/241-4336 (day or night) and the

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT P.O. Box 7035 Indianapolis, IN 46207-7035

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53		UNIFORM HAZARDOUS 1. Generator's US EPA No. WASTE MANIFEST 1. J. J. J. J. D. D. D. J.	7.44 1	Manifest ocument N		Page 1 Information of	equired by D, F, H, I at law.	he shaded areas is Federal law, but nd K are required by
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		7901 West MORRIS STROOT	0271	001		. Facility's Phone		
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		11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID		No.	Туре	Total Quantity	Wt/Vol.	Waste No.
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470	Marchell Alternati	24 HR. Emassary Phone 800-500-05 75						
202		800-500-0575						
o		16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this	who in manages	man allalian in fin	to Annual to one	morale lace la collections	or or or or or or or or	to oppliantle
-8802		international and national government regulations.						
7		If I am a large quantity generator, I certify that I have a program in plac determined to be economically practicable and that I have selected the p which minimizes the present and future threat to human health and the	racticable meth	nod of trea	tment,	storage, or dispo	sal curren	tly available to me
800/4	A STATE OF	effort to minimize my waste generation and select the best waste manage Printed/Typed Name Signal		hat is avail	able to	me and that I car	afford.	Date
at o	¥	FRED BARTMAN 3	Tred	14	1	7		Month Day Year
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	TY	20. Facility Owner or Operator: Certification of receipt of hazardous materials cover	red by this manif	fest extept	as noted	d Item 19.		
SULF	BALL.	Printed/Typed Name // Signal	fire VII	1				Date

EPA Form 8700-22 Previous editions are obsolete State Form 11865 (R/4-89) When using the uniform waste manifest for rail or water (bulk shipments) or international shipments, refer to the applicable State regulations.

INSTRUCTIONS TO GENERATORS (Please type or print clearly)

- (1) Enter generator's U.S. EPA twelve digit identification number and the unique five digit document number assigned to this Manifest (e.g., 00001) by the generator.
- (2) Enter total number of pages comprising this Manifest.
- (3) Enter generator's name and mailing address.
- (4) Enter telephone number where an authorized agent of the generator may be reached in event of an emergency.
- (5, 6) Enter company name and U.S. EPA I.D. number of the first transporter who will transport the waste.
- (7, 8) If applicable, enter company name and U.S. EPA I.D. number of the second transporter who will transport the waste. If more than two transporters are used, enter each additional transporter's information on the Continuation Sheet (EPA Form 8700-22A).
- (9, 10) Enter company name, **site** address, and U.S. EPA I.D. number of the **facility** designated to receive the waste listed on this Manifest.
 - (11) Enter U.S. DOT Proper Shipping Name, Hazard Class, and I.D. number (UN/NA) for each waste as identified in 49 CFR 171 through 177. Note: If additional space is needed for waste descriptions, enter in Item 28 on the Continuation Sheet (EPA Form 8700-22A).
 - (12) Enter number of containers for each waste and the appropriate abbreviation from Table I (below) for the type of container.

Table I - Types of Containers

DM-Metal drums	TT-Tank Trucks	CM-Metal boxes (including roll-offs)
DW-Wooden drums	TC-Tank cars	CW-Wooden boxes
DF-Fiberboard/plastic	DT-Dump truck	CF-Fiber or plastic boxes
TP-Tanks portable	CY-Cylinders	BA-Bags

- (13) Enter total quantity of waste described on each line.
- (14) Enter appropriate abbreviation from Table II (below) for the unit of measure.

Table II - Units of Measure

P = Pounds	L = Liters (liquids only)
K = Kilograms	G = Gallons (liquids only)
Y = Cubic yards	T = Tons (2,000 lbs.)
N = Cubic meters	M = Metric tons (1.000 kg.)

(16) The **generator** must read, sign (by hand), and date the certification statement. If a mode other than highway is used, the word "highway" should be lined out and the appropriate mode (rail, water, or air) inserted in the space below.

THE FOLLOWING INFORMATION IN THE SHADED AREAS IS REQUIRED BY INDIANA STATE LAW

- (D) Enter the phone number of first transporter.
- F) Enter the phone number of second transporter (if applicable).
- (H) Enter the phone number of the designated facility.
- (I) Enter the most appropriate EPA waste code.
- (K) Enter the handling code which reflects the ultimate disposition of the waste at the facility.

GENERATOR IN STATE Retain Copy 8 and detach and mail Copy 2 to Indiana D.E.M.
GENERATOR OUT OF STATE: Retain Copy 8 and mail Copy 2 to the Generator State (if applicable) and mail Copy 3 to Indiana D.E.M.

INSTRUCTIONS TO TRANSPORTERS (Please type or print clearly)

(17, 18) Enter name of the person accepting the waste on behalf of the **transporter**. That person must acknowledge acceptance of the waste described on the Manifest by signing and entering the date of receipt.

TRANSPORTER(S): Retain Copy 7 (Copy 6) and leave remaining copies with FACILITY OWNER/OPERATOR.

INSTRUCTIONS TO OWNERS AND OPERATORS OF TREATMENT, STORAGE, OR DISPOSAL FACILITIES (Please type or print clearly)

- (19) The authorized representative of the designated (or alternate) facility's owner or operator must note in this space any discrepancy between the waste described on the Manifest and the waste actually received at the facility.
- (20) Print or type name of the person accepting the waste on behalf of the owner or operator of the facility. That person must acknowledge acceptance of the waste described on the Manifest by signing and entering the date of receipt.

OWNER/OPERATOR IN STATE: Retain Copy 5, return Copy 4 to generator and mail Copy 1 to Indiana D.E.M.
OWNER/OPERATOR OUT OF STATE: Retain Copy 5, return Copy 4 to generator, mail Copy 1 to the TSD State
(if applicable) and mail Copy 3 to Indiana D.E.M.

Indiana generators and TSD facilities must mail the required manifest copies to the State of Indiana within five (5) working days of shipment or receipt of the waste (IC 13-7-8.5-7).

Address all manifest copies:

Indiana Department of Environmental Management Office of Solid and Hazardous Waste Management P.O. Box 7035 Indianapolis, IN 46207-7035

Manifest Tracking Phone Number: (317)232-7959

minutes for generators, 15 minutes for transporters, and 10 minutes for treatment, storage, and disposal facilities. This includes time for reviewing instructions, gathering data, and completing and reviewing the form. Send comments regarding the burden estimate, including suggestions for reducing this burden to: Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M. St., SW., Washington, D.C. 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

Public reporting burden for this collection of information is estimated to average: 37

INSTR 1/LPG2